

Current Signature from Sample Plan Report

Approval Signatures/Date

Owner/Operator Statement: I certify that I am the Owner/Operator of the included land units and am the responsible individual to be requesting this Conservation Plan. I have read and understand this Conservation Plan and certify the information submitted to the best of my knowledge as true, accurate, and complete.

Owner/Operator Name

Date

Plan Writer Statement: I certify that the Conservation Plan is true and correct in my professional judgement.

Plan Writer

Date

District Board or Designee (when required)

Date of District Board approval

Current Signature page report from Tracking Module

Conservation Plan Number # CP-1-17-0003

This conservation plan has been developed to meet the requirements of the Virginia Department of Conservation and Recreation (DCR) and the TIDEWATER Soil and Water Conservation District (SWCD) to improve water quality in the Commonwealth of Virginia. The conservation management system(s) addressed in this plan reflects needed treatments to protect the natural resources under the current agricultural production system. Soil productivity will be maintained or improved. As appropriate Soil erosion, nutrients and/or bacteria reductions have been addressed. Although this plan has been developed to meet the requirements of DCR, it may not meet the requirements of agencies such as, but not limited to, the USDA's Farm Service Agency (FSA) and Natural Resources Conservation Service (NRCS). These agencies require a Conservation plan as defined by NRCS to participate in their programs.

CERTIFICATION OF PARTICIPANT

Participant Signature

Date

CERTIFICATION OF:

SOIL AND WATER CONSERVATION DISTRICT BOARD

Director Signature

Date

CERTIFIED PLANNER

Certified Planner Signature

Date

Current NRCS Conservation Plan Signature page

CERTIFICATION OF PARTICIPANTS

_____ DATE

CERTIFICATION OF:

DISTRICT CONSERVATIONIST
_____ DATE

CONSERVATION DISTRICT
_____ DATE

PUBLIC BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collections is 0578-0013. The time required to complete this information collection is estimated to average 45/0.75 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information.

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Washington, DC 20250-9410

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